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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Burundi

Proposed UNFPA assistance: $8.0 million, $4.5 million from UNFPA regular resources and $3.5 million from multi-bilateral and/or other, including regular, resources

Programme period: 3 years (1999-2001)

Cycle of assistance: Fourth

Category per decision 96/15: A

Proposed assistance by core programme areas (in millions of $):

	Regular resources	Other	*Total*
Reproductive health	2.8	2.5	5.3
Population & development strategies	1.0	1.0	2.0
Advocacy	0.4	-	0.4
Programme coordination & assistance	0.3	-	0.3
Total	4.5	3.5	8.0

BURUNDI

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	19.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	9.00	≥55
Access to basic health services (%)[3]	80.0	≥60
Infant mortality rate (/1000)[4]	102	≤50
Maternal mortality rate (/100,000)[5]	--	<100
Gross female enrolment rate at primary level (%)[6]	45.5	≥75
Adult female literacy rate(%)[7]	18.5	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document.*
Two dashes (--) indicate that data are not available.

Demographic Facts

Population (000) in 1995	6064	Annual population growth rate (%)	2.79
Population in year 2000 (000)	6974	Urban	6.30
Sex ratio (/100 females)	95.0	Rural	2.13
Per cent urban	8	Crude birth rate (/1000)	42.5
Age distribution (%)		Crude death rate (/1000)	17.0
Ages 0-14	46.6	Net migration rate (/1000)	2.5
Youth (15-24)	18.6	Total fertility rate (/woman)	6.28
Ages 60+	4.4	Life expectancy at birth (years)	
Percentage of women aged 15-49	44.9	Males	45.5
Median age (years)	16.7	Females	48.8
Population density (/sq. km.)	218	Both sexes	47.2
		GNP per capita (U.S. dollars, 1994)	150

*Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision**; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision**. GNP per capita is from UNDP. Two dashes (--) indicate that data are not available.*

N.B. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme over a three-year period, starting in January 1999, to assist the Government of Burundi in achieving its population and development goals. UNFPA proposes to fund the programme in the amount of $8.0 million, of which $4.5 million would be programmed from UNFPA regular resources to the extent that such resources are available. UNFPA would seek to provide the balance of $3.5 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15. This would be the Fund's fourth cycle of assistance to the country.

2. The proposed programme has been formulated in close consultation with the Government and is based on the findings of a Country Population Assessment (CPA) exercise in which national staff from various ministries, non-governmental organizations (NGOs) and the civil society participated actively through workshops and working groups by thematic area. The UNFPA Country Support Team (CST) based in Addis Ababa, Ethiopia, provided technical guidance for this exercise. A Common Country Assessment (CCA) was conducted in July 1998 with the active participation of all United Nations agencies and organizations. The CCA report reflects analysis by the United Nations system of the Burundi situation. The findings of the CCA were taken into account in developing the proposed programme. The CCA findings will also constitute the basis for the preparation of the United Nations Development Assistance Framework (UNDAF). The programme review exercises and the programme formulation processes were conducted under the principle of harmonization, however, agencies have made changes in their programme cycles.

3. Recognizing the achievements of the third country programme, which was implemented during a crisis situation, UNFPA is proposing support for a three-year programme as opposed to a shorter programme. In view of the uncertain socio-political situation in the country, programme implementation will be closely monitored so that changes in programme direction and/or duration may be undertaken as warranted. Burundi is a "Category A" country under the UNFPA resource allocation criteria.

4. The overall goal of the UNFPA programme is to contribute to reversing the deterioration of the quality of life of Burundians and enhancing their human rights. To this end, the proposed programme would assist the Government in: (a) improving the reproductive health status of the population, including the reproductive health of adolescents; (b) adopting policies, plans and resource allocations to reflect the improved management of population issues in the context of sustainable development; and (c) contributing to reducing gender disparities in education, employment, health and human rights. UNFPA would concentrate its assistance in three subprogrammes focusing on reproductive health, population and development strategies, and advocacy. The proposed programme would provide interventions at the national level and in provinces that will be selected later in consultation with the Government.

5. All activities under the proposed programme would be undertaken within a human rights approach and in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

6. Burundi's population was estimated at 6.3 million in 1997.[1] The assassination of the country's President in October 1993, three months after his installation as the first president elected in a multi-party contest, set off a series of massacres and reprisals. Thousands of people lost their lives. A deep political and economic crisis resulted. Following a military coup in July 1996, the countries in the subregion imposed an embargo on this landlocked country aggravating the hardship suffered by the majority of Burundians. At the end of 1997, with the encouragement of, inter alia, United Nations agencies, the embargo was relaxed to enable the import of humanitarian and other goods. Despite improvements in the overall security, violence continued, especially in the north and south-west. It is estimated that some 600,000 people were internally displaced in 1997, and approximately 300,000 refugees are still living outside Burundi, according to the reports of the United Nations Office for the Coordination of Humanitarian Affairs. Peace talks between political parties began in 1997 and are ongoing.

7. The disruption of economic activities caused by the socio-political crisis has resulted in a 21 per cent drop in the gross domestic product (GDP) since 1993. According to a World Bank report (May 1998), the reduction in donor development assistance from $300 million per annum in 1990-1992 to $39 million in 1997 has greatly reduced the funds for reconstruction and social investment

8. Burundi is ranked 170 out of 174 countries on the UNDP Human Development Index (1998). Most social indicators point to a serious deterioration in health conditions, especially in rural areas, which contain 92 per cent of the population. Access to health centres has been severely curtailed due to the security situation and the destruction of about 30 per cent of the country's 320 health centres. The remainder have chronic shortages of medicines and personnel. No health centre specifically addresses the needs of adolescents. The maternal mortality ratio is currently estimated at approximately 800 per 100,000 live births. According to the 1997 annual report of the Coordinating Office of the National Family Planning Programme, the 1997 contraceptive prevalence rate (CPR) was 3.5 per cent, up from 1.7 per cent in 1994. Infant mortality is currently estimated at 127 per 1,000 live births while in 1990 it was estimated at 110 per 1,000 live births. The percentage

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[1] *The data used in the document are the most recent survey and census data and may vary from the data presented in the fact sheet.*

of births attended by trained health personnel declined from 14.8 per cent in 1990 to 9.6 per cent in 1996. Although abortion is illegal, high-risk abortion appears to be a major problem in urban areas. Over the past years, the HIV/AIDS epidemic has spread rapidly.

9. Great disparities exist between urban and rural areas with regard to access to education as well as health. Trends in educational enrolment since the crisis have exacerbated pre-existing inequalities. Primary school enrolment decreased from 70 per cent in 1992 to 44 per cent in 1997 (39 per cent for girls and 48 per cent for boys), according to United Nations data published in July 1998.

10. According to the 1990 national census data, women headed 25 per cent of households. In 1995, a UNFPA-funded study on women living in camps for internally displaced persons (IDPs) indicated that women headed 44 per cent of households. Results of the 1990 census revealed that an estimated 51 per cent of men and 55 per cent of women were illiterate. Although the family code was revised in 1993 to eliminate discrimination against women, inheritance is still governed by customary law. The Government has ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Nevertheless, in political life, women are underrepresented in all decision-making bodies. For example, of 22 ministers, only 1 is a woman, and of 121 parliamentarians, only 18 are women. In June 1998, the adoption of the Transitional Constitution Act, inter alia, increased the size of the National Assembly to include representatives of all parties and civil society.

Previous UNFPA assistance

11. The third UNFPA programme of assistance for Burundi (1993-1997) was approved in the amount of $7.8 million for the period 1993-1997. Of this amount, $6.0 million was from UNFPA regular resources and $1.8 million was from multi-bilateral resources. By the end of 1997, $7.0 million had been spent, $5.8 million from regular resources and $1.2 million from multi-bilateral arrangements. Due to the prevailing crisis, the programme was extended for one year (1998). Expected expenditures for 1998 amount to $1.4 million.

12. The third country programme is expected to attain a high implementation rate. Despite the political and economic crisis, UNFPA was able to implement activities in selected areas, adopting a flexible approach whereby project locations were changed from one province to another in response to security conditions. In November 1995, a mid-term review of the programme permitted the review of work plans of all the projects to take into account the ICPD Programme of Action and the prevailing situation.

13. In reproductive health, the main achievements of the programme have been in capacity building, improving access to contraceptive services, institutional strengthening and research. Capacity building has been achieved through the training of some 700 medical and paramedical personnel and community workers in such areas as Safe Motherhood, family planning, prevention of sexually transmitted diseases (STDs), AIDS counselling, contraceptive methods and community-based distribution (CBD). Access to contraceptive services has been improved through the regular provision of contraceptives and equipment throughout the country, the integration of family planning services into maternal and child health (MCH) activities in four provinces, the introduction of intra-uterine devices (IUDs) in 60 health centres, and the provision of voluntary surgical contraception (VSC) services in all capital city hospitals and three other hospitals. In three health districts (subdivisions of health provinces), where 112 community motivators had been recruited for CBD, the CPR rose to 10 per cent, compared with the national average of 3.5 per cent.

14. The Population Planning Unit (PPU) has strengthened its institutional and technical capacities in various aspects of population and development and has provided technical assistance to other UNFPA-funded projects, notably for training sessions. The PPU prepared a demographic module for the Sixth Development Plan (1998-2002). Despite the crisis, the PPU was able to publish more than 20 studies on population-related subjects, including agriculture, the environment, human resources and gender, along with updated demographic projections that will guide population activities in the next programme. A technical intersectoral group on population, comprising staff from various ministries, NGOs and civil society, was established in 1997 to coordinate population activities, with the PPU functioning as secretariat. A 1997 evaluation of the PPU concluded that a major issue is how the Government can mobilize the human and financial resources needed to take over and institutionalize the PPU. The Government agreed to add two more technical staff and take over the two National Professional Project Personnel (NPPP) posts funded by UNFPA. The integration of the Unit into the Ministry of Planning did take place by merging the PPU with the Human Resources Planning service. However, practical problems such as common offices, salary differentials (between NPPPs and Government staff) and understaffing have yet to be resolved.

15. Family life education and population education (FLE/PopEd) was integrated into the curricula for primary and secondary schools. The project "Gender and Development in Rural Areas" assisted four Centres de Développement Familial (CDFs) in improving the socio-economic status of women and their families by providing information, education and communication (IEC) on reproductive health, nutrition, hygiene and income-generating activities. An impact study of this effort is now under way.

16. The overriding constraints have been the crisis and the embargo. The shortages of personnel in some regions constrained project execution, monitoring and evaluation, and high staff turnover limited project activities. In addition, the security situation and a decrease in demand for family

planning services as a consequence of more recent perceptions of family planning as being unnecessary limited the impact of service providers on the CPR. A common view is that efforts should be aimed at replacing the large numbers of people killed during the crisis.

17. One of the chief lessons learned was that, given the changing attitudes towards the need for family planning, it is all the more important to shift from the past emphasis on promoting family planning as a means of reducing or limiting family size to promoting reproductive health as a means of improving the quality of life and the health of the people, as underscored in the ICPD Programme of Action. Further efforts should be made to adapt messages to the goals and recommendations of the Programme of Action. CBD was successful, and the integration of family planning services into MCH activities proved a rewarding strategy; for example, 20 per cent of the new acceptors of modern contraceptive methods were recruited through such MCH activities as immunization and child-care sessions. In the context of the security crisis, a flexible and decentralized approach, through the presence of provincial reproductive health coordinators, permitted the continuation of activities at the local level with the minimal involvement of central management. The Fund's collaboration with NGOs through financial support to the Association Burundaise pour le Bien-Etre Familial (ABUBEF), the local affiliate of the International Planned Parenthood Federation (IPPF), and to Population Services International (PSI), although still limited, proved efficient in providing reproductive health services for both adolescents and the displaced population. In early 1998, a focal point was appointed for adolescent reproductive health within the National Family Planning Programme, which provided assistance to ABUBEF. Particular attention was paid to the reproductive health needs of refugees and displaced people.

Other external assistance

18. After 1994, most bilateral donors and United Nations organizations and agencies shifted from development assistance to emergency humanitarian assistance to Burundi. UNICEF, WFP and several international NGOs are still undertaking such activities. Following a withdrawal in 1996, the World Bank, in late 1997, resumed activities in the health sector, supporting the rehabilitation of selected hospitals and health centres; IEC activities; and reproductive health services, including family planning. A WHO project financed by the Italian Government, "Safe Motherhood and Women Victims of Violence", began in 1997 in two provinces with the training of traditional birth attendants (TBAs), community health workers, doctors and midwives. UNDP has supported AIDS-prevention activities through grass-roots associations. Through UNFPA, Kreditanstalt für Wiederaufbau (KfW) has provided contraceptives and medical equipment since 1993.

19. In July 1998, the Ministry of Reinstallation, in collaboration with UNDP, held a round table to raise funds for priority projects to facilitate the re-integration of the displaced population. The Canadian International Development Agency (CIDA) organized a meeting in Ottawa in August 1998

to mobilize financial support for reconstruction. The levels of other donors' contributions for development activities cannot yet be ascertained because they are conditional upon the lifting of the embargo and the outcome of the peace process.

20. The Government has a very positive attitude towards UNFPA and is appreciative of the fact that both UNFPA and UNDP steadily maintained development assistance within their programme frameworks at the same level as before the crisis. UNFPA is the only funding organization in the country to support comprehensive reproductive health. It is also the only donor supporting population and development strategies. Moreover, UNFPA assisted the Government in the organization of two censuses, 1979 and 1990 -- experience that would be useful for the census planned for 2000. Several research studies conducted with UNFPA assistance have helped to create an enabling environment for the development and implementation of a national population policy.

Proposed programme

21. The proposed fourth programme of assistance would build on the experiences of the third programme taking into account the priorities of the Government and the activities of other donors. In keeping with the specific focus of its mandate, UNFPA would assist the Government in promoting reproductive health as part of basic human rights. UNFPA would continue to adopt a flexible approach in programme implementation, taking into account developments in the socio-political environment. Annual reviews of the programme would be undertaken to allow any required adjustments to be made. The proposed programme is based on the assumption that the prevailing security situation would be maintained or even improved through political dialogue leading to lasting peace and the lifting of the embargo. If the situation worsens, the programme would be limited to activities in the capital city and in the provinces not affected by the insecurity and would focus on training and on humanitarian assistance for displaced persons. Preparatory activities for the 2000 census would be put on hold. The proposed country programme would support activities under three subprogrammes: reproductive health, population and development strategies, and advocacy. Capacity building, gender concerns and programme coordination would be cross-cutting dimensions of each subprogramme. The three subprogrammes are described below.

22. Reproductive health. The purpose of the reproductive health subprogramme is to contribute to the increased utilization of integrated and quality reproductive health services, particularly by women and adolescents, and of reproductive health information to also bring about behavioural changes regarding safe sexual practices. The expected outputs would include: (a) improved access to cost-effective quality reproductive health services; (b) reduced regional disparities in staffing as a result of an intensified staff development programme; (c) a strengthened National Family Planning Programme, which would become the Reproductive Health Programme and would be reorganized to permit it to handle all aspects of reproductive health; and (d) improved collection, analysis and

dissemination of reproductive health data. To achieve these outputs, the subprogramme would carry out activities at both national and provincial levels, as outlined below, and would include coverage of displaced persons and women heads of households.

23. At the national level, UNFPA would provide support: (a) to train medical students and medical and paramedical personnel in reproductive health, specifically in emergency obstetric procedures, in view of the high maternal mortality rate; revise training materials to include all aspects of reproductive health; and provide postgraduate training for nurse midwives; (b) to supply contraceptives and reproductive health equipment, and to improve logistics management; (c) to promote IEC in support of reproductive health, including the training of health staff in communication techniques and counselling skills; the testing and production of IEC materials (including those promoting male involvement, reproductive rights and the prevention of STDs/HIV/AIDS); and the dissemination of reproductive health messages; (d) to develop a national plan of action for adolescent reproductive health; (e) to continue and expand the FLE/PopEd activities; (f) to strengthen NGOs that carry out activities in camps for displaced people, including such activities as the prevention of STDs/AIDS and the provision of integrated quality reproductive health services, including reproductive health kits for emergency situations; (g) to participate, together with WHO, UNICEF and the World Bank, in the Safe Motherhood Initiative, and support activities coordinated by UNAIDS. UNFPA is a co-sponsor of UNAIDS.

24. At the provincial level, UNFPA would provide support: (a) to rehabilitate and reconstruct approximately 10 health centres in the provinces most in need (to be determined in consultation with the Government and other partners); (b) to conduct a pilot project in three health districts to improve referrals (communication, transport), especially for obstetric emergencies; (c) to implement activities focused on reproductive health services for adolescents, with a special emphasis on the prevention of unsafe abortion, and the prevention of HIV/AIDS, in partnership with selected NGOs -- ABUBEF, PSI and the Society for Women against AIDS in Africa (SWAA-Burundi); (d) to extend the CBD programme from 3 to 10 health districts; (e) to improve the monitoring of the reproductive health programme by increasing, from 7 to 10, the number of provinces covered by a reproductive health coordinator; (f) to train health-centre service providers in modern contraceptive methods; and (g) to continue support to the four CDFs and to extend assistance to two new CDFs.

25. In order to monitor and evaluate programme interventions, the subprogramme in reproductive health will utilize such indicators, inter alia, as percentage of health centres/hospitals providing emergency obstetric care and percentage of health centres having an effective referral system. It is expected that greater use of available data, collected from health facilities and analysed by the Coordinating Office of the National Family Planning Programme, and enhanced supervision would result in improved management performance.

26. More than half the resources ($5.3 million of the total of $8.0 million) would be allocated to reproductive health activities. It is expected that $2.5 million would be mobilized from multi-bilateral sources to complement the Fund's regular resources and would be utilized for the purchase of contraceptives and reproductive health equipment. Multi-bilateral funds are expected mainly from KfW, which has provided support for reproductive health commodities for the past several years.

27. Population and development strategies. The purpose of the population and development strategies subprogramme is to contribute to the adaptation of policies, plans and resource allocations to reflect better management of population issues in the context of sustainable development. Expected outputs would include: (a) a national population policy and plan of action; (b) strengthened institutional and technical capacity; (c) improved accessibility of demographic and gender data for integration in development strategies and policies; and (d) the 2000 census.

28. UNFPA would support the PPU, especially in research on key issues such as population and the environment. The PPU should be adequately staffed, institutionalized and fully integrated into the Ministry of Planning before the end of the programme. The proposed programme would also support reinforcement of the Intersectoral Technical Group on Population to enable it to prepare the national population policy, integrate population factors into the Sixth Development Plan and coordinate population activities. The census is much needed by the Government and all other partners for planning purposes and, especially, for reconstruction and rehabilitation. If the political situation permits, UNFPA would support preparatory activities and the organization of the 2000 census, including a donors' round table meeting to mobilize resources. The Government plans to earmark funds for the census in its 1999 budget. As this is the third census, preparatory activities can be shortened. For example, cartographic maps have been kept in good order and, thus, only updating would be needed.

29. It is proposed that $2 million be allocated for the population and development strategies subprogramme, of which $1 million for the census operation would be sought from multi-bilateral sources. The potential donors for the census are still to be identified.

30. Advocacy. The purpose of the advocacy subprogramme is to promote political commitment to reproductive health and reproductive rights and gender equality. Expected outputs would include: (a) a national advocacy strategy to promote reproductive health and reproductive rights; (b) continued national dialogue on the need for a national population policy; (c) a national advocacy strategy to support the 2000 census; (d) an established dialogue on increasing financial support for social sectors, especially health and primary education; and (e) a partnership with the media to promote gender and population issues.

31. UNFPA-supported activities would include: (a) the preparation of legislation to ensure the promotion of access to reproductive health services; (b) the organization of seminars and public debates to sensitize decision makers on population issues and induce more positive attitudes towards family planning; (c) the promotion of a national population policy which would, inter alia, include action on gender equality and reproductive rights; (d) the implementation of advocacy activities in support of the census; (e) the establishment of a network of women ministers and parliamentarians to promote reproductive health and reproductive rights; and (f) the production of advocacy materials on reproductive health and gender.

32. A total of $400,000 in regular resources would be allocated for advocacy activities.

Programme implementation, coordination, monitoring and evaluation

33. The Government is committed to national execution. Hence, national expertise, such as consultants and NPPPs, would be used as much as possible, and collaboration would be strengthened with such NGOs as ABUBEF, PSI and SWAA-Burundi. Where national expertise may be unavailable, expertise would be sought from the UNFPA CST advisers or from external short- or long-term consultants. The census would require the presence of a Chief Technical Adviser (CTA). The proposed programme includes strengthening the capacity to design, implement, manage, coordinate and evaluate UNFPA-supported activities. UNFPA is an active partner in the United Nations country team and participates in various theme groups. It is a member of the UNDP local committee for project appraisal and it invites other agencies for the local appraisal of its own projects. UNFPA is regularly consulted when the World Bank prepares its annual plans of activities. UNFPA-supported reproductive health activities will complement those supported by the World Bank.

34. Qualitative and quantitative indicators will be selected to monitor progress, and the Fund's established procedures for programme monitoring and evaluation will be applied. Annual reviews will assess the extent to which the subprogrammes are contributing to achievement of the programme's purposes and will ensure regular feedback on programme implementation. There will be a mid-term review (MTR) in 2000. The MTR will, inter alia, examine the status of programme implementation and, if necessary, propose changes in programme direction and/or duration.

35. The UNFPA Field Office has three professionals: the non-resident country director, one assistant representative and one national programme officer. The post of UNFPA-appointed Representative is vacant. UNFPA is funding six NPPPs: two in reproductive health, two in population and development strategies, one in gender and one in IEC. The NPPPs have proved efficient, provided clear terms of reference have been established and a periodic evaluation of performance conducted. It is recommended that UNFPA should maintain the same number of

positions but review and revise them according to the terms of reference for each position within the framework of the new programme.

Recommendation

36. The Executive Director recommends that the Executive Board approve the proposed programme of assistance to Burundi, as presented, in the amount of $8.0 million for the period 1999-2001, $4.5 million of which would be programmed from the Fund's regular resources to the extent such resources are available. The balance of $3.5 million would be sought from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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